									Application or Docket Number				
Effective October 1, 2003									10/604497				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TO	OTAL CLAIMS				·			RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			// minus 20≈		• /			XS 9=		OR	XS1.8=		
INDEPENDENT CLAIMS			/ m	inus 3 =				X43=		OR	X86=	Ţ	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				+145=		OR	+290=			
• If	the difference	in column 1 is	ess than zero, enter "0" in column 2				Ĺ	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									LENTITY	OR	OTHER SMALL		
AMENDMĘNT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 13	Minus	- 2	Q)	=		X\$ 9=		OR	X\$18=		
	Independent	· /	Minus		3	7		X43=		OR	X86=		
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM			+145=	1	OR	+290=		
							L	TOTA	L		TOTAL		
				(0.1	0	(Cali 2)	A	DDIT. FE	E	OR	ADDIT. FEE	-	
		(Column 1) CLAIMS		(Colum		(Column 3)	ır		ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	· 13	Minus	** 0	20_	=		X\$ 9≈		OR	X\$18=	·	
	Independent	NTATION OF MU	Minus	CNIDENT	CLAIM	=/		X43= .		OR	X86=		
	FIRST PRESE	NIATION OF MO	LIFLE DEF	ENDENT	CCAIN	·		+145=		OR	+290=		
							A	TOTAL		OR	TOTAL ADDIT, FEE		
12-6-04 (Column 1) A 7 (Column 2) (Column 3)													
2		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. /3	Minus	- 20	ク	= /		X\$ 9=		OR	X\$18=		
	Independent	n j	Minus	··· 2	)	- /	F	X43=		OR	X86=		
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=					
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													